

# Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_

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CALIFORNIA  
FORM

501

For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Rizzo, Geoffrey B.

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

STREET ADDRESS

CITY

STATE

ZIP CODE

Torrance

CA

90503

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN

City Council Member

City of Torrance

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: \_\_\_\_\_  
(Name of Multi-County Jurisdiction)

2014

(Year of Election)

## 2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

\_\_\_\_\_  
(Year of Election) **Primary/general election**

\_\_\_\_\_  
(Year of Election) **Special/runoff election**

(Check one box)

☐ I **accept** the voluntary expenditure ceiling for the election stated above.

☐ I **do not accept** the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_\_/\_\_\_\_/\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On \_\_\_\_/\_\_\_\_/\_\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

## 3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 5/8/13  
(month, day, year)

Signature \_\_\_\_\_